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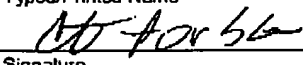
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| CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below. Sandra Genua Typed/Printed Name  Signature 03-17-2006 Date | APPLICATION NO. | 10/816,294 |
| | FILING DATE | 03/31/2004 |
| | FIRST NAMED INVENTOR | David J. Seagle |
| | ART UNIT | 2652 |
| | CONFIRMATION NO. | 8577 |
| | EXAMINER | To be Assigned |
| ATTORNEY DOCKET NO. | R1871 | |
| TITLE | MAGNETORESISTIVE READ SENSOR WITH REDUCED EFFECTIVE SHIELD-TO-SHIELD SPACING | |

ATTACHED WITH THIS SUBMISSION:

1. Transmittal FAX Cover Sheet (this sheet)
2. Authorization to Act in a Representative Capacity - Form PTO/SB/84 (1 page)

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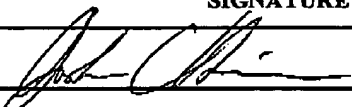
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PTO/SB/84 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035
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AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

| In re Application of: David J. Seagle | | | | | |
|--|---|------|---------------------|----------------------------|---------------|
| Application No. 10/816,294 | | | | | |
| Filed: 03/31/2004 | | | | | |
| Title: MAGNETORESISTIVE READ SENSOR WITH REDUCED EFFECTIVE SHIELD-TO-SHIELD SPACING | | | | | |
| Attorney Docket No. R1871 | Art Unit: 2652 | | | | |
| <p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td>Bruce S. Itchkawitz</td> <td>47,677</td> </tr> </tbody> </table> | | Name | Registration Number | Bruce S. Itchkawitz | 47,677 |
| Name | Registration Number | | | | |
| Bruce S. Itchkawitz | 47,677 | | | | |
| <p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p> | | | | | |
| SIGNATURE of Practitioner of Record | | | | | |
| Signature |  | | | | |
| Name | Joshua C. Harrison, Esq. | | | | |
| Telephone | (949) 672-6119 | | | | |
| Date | Mar 17, 2006 | | | | |
| Registration No., if applicable | 45,686 | | | | |

This collection of information is required by 1.31, 1.32 and 1.34. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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